DISCRIMINANT FACTORS TO PSYCHOLOGICAL WELL-BEING OF NURSING STAFF AT DR. MOEWARDI REGIONAL GENERAL HOSPITAL.

Submitted to the Department of Psychology, Graduate School of Universitas Muhammadiyah Surakarta in partial fulfilment of the requirements for the degree of Master of Psychology

By :

STANLEY CHIREMBA
S300170015

PSYCHOLOGY MASTER PROGRAM
POSTGRADUATE SCHOOL
MUHAMMADIYAH SURAKARTA UNIVERSITY
2019

APPROVAL PAGE

DISCRIMINANT FACTORS TO PSYCHOLOGICAL WELL-BEING OF NURSING STAFF AT DR. MOEWARDI REGIONAL GENERAL HOSPITAL.

PUBLICATION ARTICLE

By:

STANLEY CHIREMBA

S300170015

Has been Checked and approved for thesis exam by

Prof. Kumaidi, MA, Ph.D — Supervisor

(Signature Supervisor)..... Date 21/5/2019

ENDORSEMENT PAGE

DISCRIMINANT FACTORS TO PSYCHOLOGICAL WELL-BEING OF NURSING STAFF AT DR. MOEWARDI REGIONAL GENERAL HOSPITAL

By

STANLEY CHIREMBA

NIM: S300170015

It has been maintained in front of the Board of Examiners

Psychology Master Program

Universitas Muhammadiyah Surakarta

On the date 8 May 2019

Board of Examiners

Prof. Kumaidi, MA, Ph.D ( )
(Chairperson of the Board of Examiners)

Dr. Daliman, SU ( )
(Member of the Board of Examiners)

Dr. Nisa Rachmah NA., M.Si ( )
(Member of the Board of Examiners)

Director of Post Graduate

Prof. Dr. Bambang Sumard joko. M.Pd.

STATEMENT OF AUTHORSHIP

I, hereby confirm that the Publication Article entitled "Discriminant Factors to Psychological Well-Being of Nursing Staff at Dr. Moewardi Regional General Hospital" in the Academic Year 2018/2019 is an original and authentic work written by myself and it has satisfied the rules and regulations of Universitas Muhammadiyah Surakarta with respect to plagiarism. I certify that all quotations and the sources of information have been fully referred and acknowledged accordingly.

If it is then proved that i cheated, i will hold full responsibility.

May 22nd, 2019

The Author

Stanley Chiremba

Student No. S300170015

DISCRIMINANT FACTORS TO PSYCHOLOGICAL WELL-BEING OF NURSING STAFF AT DR. MOEWARDI REGIONAL GENERAL HOSPITAL.

Abstract

This study attempted to determine the influence of work stress, job satisfaction and emotional regulation on psychological well-being of nursing staffat Dr. Moewardi regional general hospital. This study utilized quantitative research design. The research population was 200 nursing staff while the total sample sizewas 80 nursing staff. The sampling technique utilized was simple random sampling. Data collection techniques usedinstruments that were tested first for validity and reliability.The data analysis technique utilizedpath analysis with multiple regression analysis. Furthermore, to accomplish the objective some hypothesis was set. The results from the analysis suggest that work stress, job satisfaction and emotional regulation had a positive significant effect on psychological well-being which was signified by β= 0.514, ρ= 0.000 (ρ<0.05). Furthermore, the correlation between work stress on psychological well-being correlation, r_{14} =0.12 was decomposed into: direct effect, = -0.300 and indirect = 0.076 and total effect= -0.224. Moreover, the job satisfaction on psychological well-being correlation, r_{24}, = 0.55 was also decomposed into: direct effect, = 0.392, indirect effect and total effect = .392 + .056 = .448.Finally, the correlation between emotional regulation on psychological well-being correlation, r_{34} = .53, was decomposed into: direct effect, = 0.218 and a spurious = 0.312 and total effect = 0.218. According to the results the most effective contribution was the correlation between job satisfaction on psychological well-being with a total effect of = 0.448 which signify that job satisfaction predicts more on psychological well-being of nursing staff as compared to other variables.

Key words: psychological well-being, nursing staff, emotional regulation, work stress, job satisfaction.

Abstrak

Penelitian ini berusaha untuk mengetahui pengaruh stres kerja, kepuasan kerja dan regulasi emosional terhadap kesejahteraan psikologis staf perawat di RSUD Dr. Moewardi. Penelitian ini menggunakan desain penelitian kuantitatif. Populasi penelitian adalah 200 staf keperawatan sedangkan ukuran sampel total adalah 80 staf keperawatan. Teknik pengambilan sampel yang digunakan adalah simple random sampling. Teknik pengumpulan data menggunakan instrumen yang diuji terlebih dahulu untuk validitas dan reliabilitas. Teknik analisis data menggunakan analisis jalur dengan analisis regresi berganda. Selanjutnya, untuk mencapai tujuan tersebut, beberapa hipotesis telah ditetapkan. Hasil dari analisis menunjukkan bahwa stres kerja, kepuasan kerja dan regulasi emosional memiliki efek positif signifikan pada kesejahteraan psikologis yang ditandai oleh β = 0,514, ρ = 0,000 (ρ <0,05). Selanjutnya, korelasi antara stres kerja pada korelasi kesejahteraan psikologis, r14 = 0,12 diuraikan menjadi: efek langsung, = -0,300 dan tidak langsung = 0,076 dan efek total = -0,224. Terlebih lagi, kepuasan kerja pada korelasi kesejahteraan psikologis, r24, = 0,55 juga diuraikan menjadi: efek langsung, = 0,392, efek tidak langsung dan efek total = 0,392 + 0,056 = 0,448. Akhirnya, korelasi antara regulasi emosional pada korelasi kesejahteraan psikologis, r34 =, 53, diuraikan menjadi: efek langsung, = 0,218 dan palsu = 0,312 dan efek total = 0,218. Menurut hasil, kontribusi yang paling efektif adalah korelasi antara kepuasan kerja pada kesejahteraan psikologis dengan efek total = 0,448 yang menandakan bahwa kepuasan kerja memprediksi lebih banyak pada kesejahteraan psikologis staf perawat dibandingkan dengan variabel lain.

Kata kunci:,Kesejahteraanpsikologis, stafperawat, regulasiemosional, streskerja, kepuasankerja.

1. INTRODUCTION

The concept of psychological wellbeing is a dynamic concept that includes subjective, social, and psychological dimensions as well as health-related behaviours. The concept of psychological or emotional well-being was originally construed as a challenge in overcoming the hedonistic concept of well-being in psychology and with the aspiration of making a distinction between the hedonistic state of comfort and eudemonic process of growth and development by which happiness, and finally also pleasure, is achieved (Madhuchandra, 2016).

Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively. Sustainable well-being does not require individuals to feel good all the time; the experience of painful emotions (e.g. disappointment, failure, grief) is a normal part of life, and being able to manage these negative or painful emotions is essential for long-term well-being. Psychological well-being is, however, compromised when negative emotions are extreme or very long lasting and interfere with a person's ability to function in his or her daily life (Huppert, 2009).

The concept of wellbeing, is expressed as "subjective wellbeing, "psychological wellbeing", "happiness" "health and happiness", or "quality of life". In psychological studies it is generally labelled as "mental health" or "psychological health". Considering with the psychological functioning approach, wellbeing focuses on living life fully and deeply to retrieve satisfaction and conceptually it refers to the "psychological well-being. Psychological wellbeing or mental health can be characterized by its components that determine an individual's positive state. Psychological well-being is a subjective term that means different things to different people. Psychological health, otherwise called mental health, is a relative state of mind in which a person who is healthy is able to cope with and adjust to the recurrent stresses of everyday living in an acceptable way. These components include: personal growth, self-acceptance, purpose in life, autonomy, positive relation with others, and environmental mastery (Yakout, 2017).

In line with positive psychology and to ensure a satisfied work force and the retention of employees, psychological well-being at work has been identified as an important consideration for business, management and care providers. The Psychological Well-Being at Work (PWBW) construct intends to describe an individual's subjective positive experience at

work, which comprises of primarily eudemonic dimensions. PWBW, which is well-being Contextualised in the work domain, consists of five work-related dimensions. The first dimension, interpersonal fit at work, entails the perception of experiencing positive relationships with the individuals with whom one interacts at work. Second, thriving at work refers to the perception of accomplishing a significant and interesting job that enables feelings of fulfilment. Third, feelings of competency at work, involve the perception of possessing the necessary aptitudes to efficiently perform one's job. Fourth, perceived recognition at work refers to the perception of being appreciated within the organisation for one's work and personhood. The fifth dimension is the desire for involvement at work, which is the will to involve oneself in contributing to the organisation's functioning and success(Vermaak, et.al, 2017)

Nursing is a profession to serve the humanity. Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so that they may attain, maintain, or recover optimal health and quality of life. Nurses occupy a key role in the delivery of health care, though countries may have different health care systems and methods of payment options. Research on the experiences of nurses in various countries however has indicated that nurse report relatively high levels of job dissatisfaction, burnout, and intention of leaving the profession (Burke, 2010).

In order to provide optimum quality of health services, hospitals need health workers who are fruitful at work these health workers are nurses, doctors, midwives, physiotherapists, pharmacists and other health employees. But there are elements that also influence the quality of service in a hospital and it should be a big concern for the hospital as a provider of health service. This element is patient safety. Patients do not just require quality service but also a condition that persuade them that the services provided are safe and do not put them at risk. Nursing is a very important role in giving safe and quality service impact on comfort, healing, and patient satisfaction (Al-Kandariet.al, 2009).

Psychological well-being is an important element for good mental health and good mental health of health care professionals and nursing staff for all. A nurse as the cutting edge in service health must be optimistic to bring comfort to patients both at within the scope of the hospital and outside and also a nurse must have the ability to encourage patients to think positively in healing patients' diseases. In order to develop healthy relationship, it's important that a nurse understands the reaction emotionally of human beings, and psychological well-being is key to understand this fully. Nurses must also be aware when a patient is angry, depressed, confused or scared, and taking steps needed to handle these

emotions so not worsen condition patient health, because of its impact will vary depending on development of age, experience sick and hospitalized support system, and skills coping in handling problems. In this context nursing staff needs to have good psychological well-being. If psychological well-being of a nurse is good then he/she can help patients, including child patients to achieve that similar. The main task of the nurse is help cure patients, restore health conditions optimal and help independence patient. With thus welfare patient child influenced by the quality of health it has (Simona Karpaviˇciut˙e, 2016).

The demands of nurses at work are high: work conditions change rapidly, and nurses are supposed to ensure high standards of quality and professionalism and to handle complex situations effectively. Obviously, inherent tensions in nursing, such as time pressure, staff shortages, and increasing demands for high performance, exist and are examples of physically demanding work structures combined with emotionally demanding work settings. On top of this, most Western countries struggle with an increased need for nursing care, as the "baby boomer" generation reaches retirement age. In a situation of massive premature leave (before one's retirement age) of nurses from a healthcare institution, which is highly likely in case nurses lack well-being and suffer from psychological distress, both highly needed organizational and individual expertise is lost, and the employer needs to invest huge costs in recruiting, hiring, and training new staff, Psychological well-being is considered to be a combination of positive affective states and functioning effectively (Heijden, 2016).

The stressful working conditions negatively impact nurses' health and morale putting them at greater risk of mental illness compared to the general working population and other healthcare professionals. With poor mental health affecting patient safety, quality of care and performance, and profitability of organizations, it is of paramount importance to explore and fully understand the potential determinants of psychological well-being in nurses. The less than optimal mental health status of nurses arises from a number of factors; most notably, a high demand for their services, coupled with a lack of support from colleagues and administrative leaders, reduced autonomy, strained work relationships between nurses and doctors, lack of respect from their manager (Nelson, 2014).

The purpose of this study was to determine the influence of work stress, job satisfactionand emotional regulation on psychological well-beingof nursing staffat Dr.Moewardi Regional General Hospital.

Based on figure 1:

WS has a direct effect (DE) on PWB and an indirect effect (IE) on PWB through ER. Furthermore JS has a direct effect (DE) on PWB and an indirect effect (IE) as well on PWB through ER. Finally ER has a direct effect (DE) only on PWB.

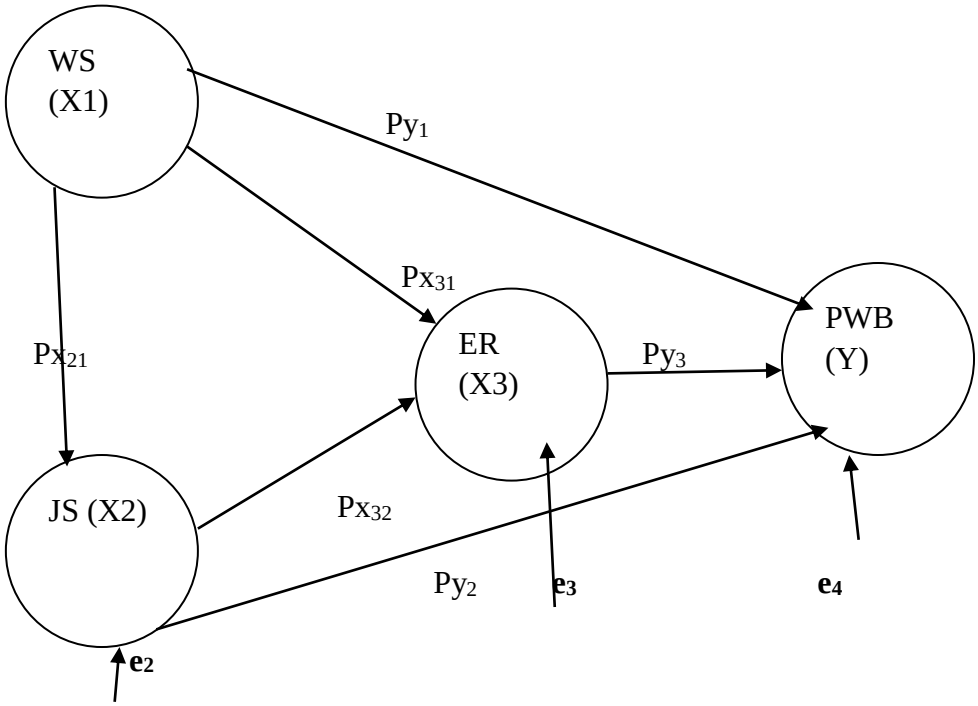

Figure 1 Hypothetical path analysis

2. METHOD

This research includes quantitative research with an associative approach, because this study intends to determine the influence of work stress, job satisfaction and emotional regulation on psychological well-being of nursing staff. The research population was 200 nursing staff at Dr. Moewardi regional general hospital. Samples were taken as many as 80 nursing staff. The sampling technique uses simple random sampling. Data collection techniques using questionnaires that have been tested first and then tested for validity and reliability testing. The data analysis technique used descriptive statistics, regression analysis, and path analysis were the analysis methods that was employed to analyse data collected from the scales.

3. RESULTS AND DISCUSSION

3.1 Analysis of Multiple Linear Regression

This analysis was used to determine the influence of work stress variable (X1), job satisfaction (X2), emotional regulation (X3) on Psychological well-being (Y). To find out the

effect of the independent variables on the dependent variable together can be seen from the results of the analysis of the SPSS 20.00 program as follows:

Table 1. Multiple Linear Regression

Dependant variable	**Independent variable**	β	ρ	**conclusion**
Psychological well-being	work stresss Job satisfaction Emotional regulation	0.485	0.000	Ha accepted
	Work stress	-0.300	0.011	Ha accepted
	Job satisfaction	0.392	0.02	Ha accepted
	Emotional regulation	0,218	0.047	Ha accepted

Source: Data processed by SPSS Version 20.00

Based on the regression equation above, the interpretations of the coefficients of each variable are as follows:

Based on the results of the regression analysis between work stress, job satisfaction and emotional regulation on psychological well-being of nursing staff was $\beta = 0.485$, and $\rho = 0.000$, $p > 0.05$ meaning that work stress, job satisfaction and emotional regulation has a positive significant effect on psychological well-being of nursing staff.

The results of the regression analysis between the work stress and psychological well-being was $\beta = -0.300$ and $\rho = 0.011$, $p > 0.05$meaning that work stress has a negative significant effect psychological well-being of nursing staff.

The results of the regression analysis between job satisfaction and psychological well-being of $\beta = 0.392$ and $\rho = 0.02$, $p > 0.05$ which means that job satisfaction has direct influence on psychological well-being of nursing staff.

The results of the regression analysis between emotional regulation and psychological well-being has a positive value of $\beta = 0.218$ and $\rho = 0.047$, $p > 0.05$ meaning that emotional regulation has a positive significant effect on psychological well-being of nursing staff.

3.2 Determination Coefficient Test

The coefficient of determination (r^2) is to find out how much variation in the independent variable can explain the dependent variable. r^2 values range from zero to one, the closer to

number one it can be said the model is getting better. The results of the determination coefficient test (r^2) can be seen in the table below:

Table 2. Determination Coefficient Test

No	Information	R	R^2	AdjustedR Square
1	Work stress, emotional regulation and job satisfaction on psychological well-being	,485	,235	,205

From the calculation results obtained the coefficient of determination (r^2) of 0,235 this means that the independent variables in the model (work stress, emotional regulation, job satisfaction) explain the variation on psychological well-being by 23.5% and 76.5% explained by factors or other variables outside the model.

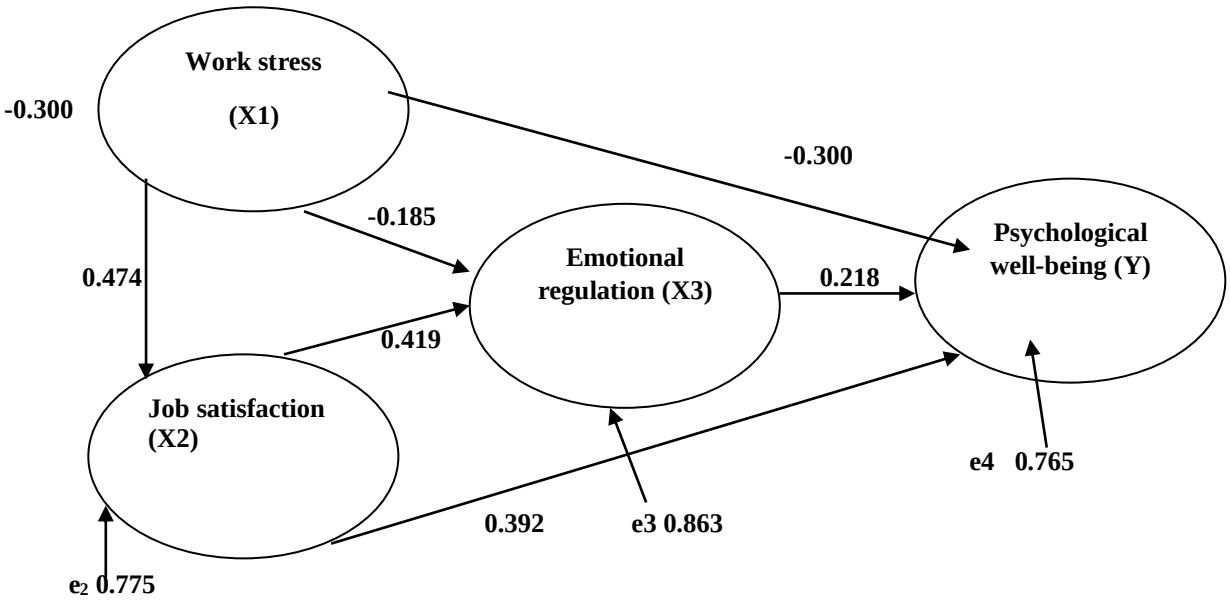

Figure 2 Hypothetical path diagram

Based on figure 2 above, we can conclude the results of the following decomposing of correlations as follows:

Table 3. Results of the total decomposition of correlations

	X1	X2	X3	Y
X1		0.474	0.014	-0.081
X2	0.474		0.51	0.55
X3	0.013	0.51		0.51

The **WS–JS correlation** has a total correlation of 0.474**.**Therefore WS predicts JS directly only.

The WS–ER correlation, r_{13} = 0.014 was decomposed into: Px_{31}, the direct effect, = -0.185, $p_{X32}px_{21}$ the indirect effect of WS through JS to ER, = 0.199.When we sum -0.**185** and 0.199, we get the original correlation, 0.014. The total effect (or effect coefficient) of WS on ER equals the sum of WS's direct and indirect effects on Y that is,.-0.185 + .199 = 0.014. Ws predicts ER more indirectly through JS than directly to ER.

The JS - ER correlation, r_{23} =.51 was decomposed into: px_{32}, the direct effect, =0.419 $p_{x31}p_{x21}$ the spurious component of, = 0.088 When we sum 0.419 and 0.088, we get the original correlation, .51. The total effect (or effect coefficient) of JS on ER equals the **sum** of JS's direct and spurious on ER that is 0.419 + 0.088 = 0.51. JS predicts ER more directly than through the spurious components.

The WS - PWB correlation, r14 = -0.081 was decomposed into: py1, the direct effect, = -0.300,py_2px_{21} and $py_3p_{x31+}py_3px_{32}px_{21}$, the indirect effect of WS through ER to PWB, = 0.219When we sum -0.300 and 0.219, we get the original correlation, -0.081. The total effect (or effect coefficient) of WS on PWB equals the sum of WS's direct and indirect effects on Y that was,-0.300 + 0.219 = -0.081. Ws predict PWB more directly than through ER. Therefore ER is not a good moderator between variable WS on PWB.

The JS - PWB correlation, r_{24}, = 0.55 was decomposed into: py_2, a direct effect, = 0.392, p43p32, an indirect effect through ER to PWB, = 0.09, $p_{41}p_{31}$and$p_{43}p_{31}p_{21}$, spurious component due to common causes, = 0 .016. The original correlation = .392 + .09 +.071 = 0.55. The total effect (or effect coefficient) of JS on PWB equals the sum of JS's direct and indirect effects on Y that was, .0.392+ 0.09=0.482. JS predicts PWB more highly directly without ER as moderator. Therefore ER is not a good moderator between variable JS and PWB. According to the results JS has the highest contribution as compared to the other variable.

The ER - PWB correlation, r_{34} = 0.51, was decomposed into: py_3, the direct effect, = 0.218 and a spurious component due to ER and PWB sharing common causes WS and JS py1p31, ER to WS to PWB, py1r12px32, ER to JS to WS to PWB, py2px32, ER to JS to PWB, and py2r12px31, ER to WS to JS to PWB, = These spurious components sum to 0.293.The total effect (or effect coefficient) of ER on PWB equals the sum of ER's direct and

indirect effects on Y that is, = 0.218. ER predicts PWB more directly without spurious components.

3.3 Calculation of the path coefficients for the model of Figure 2

a. Path coefficients for the model of Figure 2 Begin with Px_{21}-the path coefficient for the effect of variable 1 on variable 2. Accordingly, $r_{12} = \beta_{21} = P_{21}$. Thus, the path coefficient from variable 1 to variable 2 is equal to P_{21} which can be estimated from the data by calculating r_{12}

r_{12} = px_{21}

r_{12} = 0.474

In simple regression β is equal to the correlation coefficient. Accordingly, $r_{12} = \beta_{21} = P_{21}$. Thus, the path coefficient from variable 1 to variable 2 is equal to β_{21} which can be estimated from the data by calculating r_{12}.

b. The path coefficient from e_2 to variable 2 cannot be calculated directly as e_2 represents unmeasured variables, or variables not included in the system. When causes are independent of each other, the effect of each cause (or its path coefficient) is equal to its zero-order correlation with the endogenous variable. Now, e_2 represents causes of variable 2 that are independent of variable 1. Therefore, the path coefficient from e_2 to variable 2 is equal to the correlation between e_2 and variable 2.

e_2 is equal to $\sqrt{1 - r_{12}^2}$'= $\sqrt{1 - 0.474^2} = \sqrt{1 - 0.224676 =}$ 0.775 which are the squares of the path coefficients (WS on JS) for variable 1 and e_2, respectively.

c. Variable 3 of Figure 2 is affected by variables 1 and 2, which are not independent of each other. In fact, variable 2 is conceived to be dependent on variable 1 (in addition, it is dependent on e_2). The coefficients for the two paths leading to variable 3-P_{31} and P_{32}-are calculated.

r_{13} **=-0.13**

Equation (r_{23}) consists of two unknowns (Px_{31} and Px_{32}) and therefore cannot be solved (r_{12} and r_{13} are, of course, obtainable from the data). It is possible, however, to construct another equation with the same unknowns thereby making a solution possible. To obtain the second equation

r_{23} **= 0.708**

Thus, $P_{31} = \beta_{31.2}$ and $P_{32} = \beta_{32.1}$

The path coefficient from e3 to variable 3 is equal to = $\sqrt{1 - R_{12}^2}$=$\sqrt{1 - 0.137}$ =0.863**.**

d. Variable Y of Figure 2 it is necessary to calculate three path coefficients for the effects of variables 1, 2, and 3 on variable Y. Therefore, three equations are constructed in the manner illustrated earlier. For example, the first equation is constructed as follows:

r_{14} **=-0.026**

The other two equations, which are similarly constructed, are:

r_{24}= 0.72

r_{34}= 0.67

The path coefficient from e4 to variable 4 is equal to = $\sqrt{1 - R_{4.123}^2}$ = $\sqrt{1 - 0.235 = 0.765}$

1. Decomposing Correlations

A correlation coefficient may be decomposed into the following components: (1) direct effect (DE); (2) indirect effects (IE); (3) unanalysed (U), due to correlated causes; and (4) spurious (S), due to common causes. The sum of DE and IE is the total effect, or the effect coefficient according to (Pedhazur, 1997).

a. The decomposition of the correlation between variables 1 and 3 indicatesr_{13} is composed of two components: the direct effect (DE) of variable 1 on 3, indicated by Px_{31}; and the indirect effect (IE) of 1 on 3, via 2.

r_{13}= 0.014

b. The decomposition of the correlation between variables 2 and 3 indicates that it is composed of two components: the direct effect of 2 on 3 (Px_{32}) and a spurious (S) component ($Px_{31}Px_{21}$), which is due to a common cause affecting the two variables (variable 1).

r_{23}= 0.51

c. The decomposition of the correlation between variables 1 and 4. I substitute Px_{21} for r_{12}.

r_{14}= -0.081

d. The decomposition of the correlation between variables 2 and 4. I substitute P_{21} for r_{12} and for r_{23}:

r_{24}= 0.55

Clearly, variable 2 affects 4 directly, as well as indirectly via variable 3. In aaddition, part of r_{24} is spurious, as indicated above.

e. Finally, variable 3 affects 4 directly only) I substitute for r_{13} and for r_{23}, and rearrange the terms to obtain the decomposition of r_{34}.

r_{34}= 0.53

4. CONCLUSION AND SUGGESTIONS

4.1 Conclusion

Based on the results the effects of work stress, job satisfaction and emotional regulation on psychological well-being of nursing staff was β= 0.485, and significance is 0.000, (p >0.05) meaning that work stress, job satisfaction and emotional regulation had a positive significant effect on psychological well-being of nursing staff.

Based on the results of the regression analysis of the regression equation between the work stress and psychological well-being was β = -0.300 and ρ = 0.011, p >0.05 meaning that work stress has a negative significant effect on psychological well-being of nursing staff. meaning that work stress has a negative significant effect on psychological well-being of nursing which means that the higher the work stress the lower the psychological well-being of nursing staff which can result in high mental problems which leads to lowered mental health of nursing staff. Work stress predicts psychological well-being more indirectly than directly.

Based on the results of the regression analysis Job satisfaction regression coefficient on psychological well-being had a positive significant effect of β = 0.392 and ρ = 0.02, which means that job satisfaction, has a positive significant effect on psychological well-being of nursing staff. Which means that job satisfaction has a positive significant effect on psychological well-being of nursing staff which means that the lower the job satisfaction the lower the psychological well-being of nursing staff. Moreover, job satisfaction predicts psychological well-being more directly than indirectly.

Based on the results of the regression analysis emotional regulation regression coefficient on psychological well-being has a positive effect of β = 0.218 and ρ =

0.047 meaning that emotional regulation has a positive significant effect on psychological well-being of nursing staff. meaning that emotional regulation has a positive significant effect on psychological well-being of nursing staff which means the lower the emotional regulation the lower the psychological well-being and the higher the emotional regulation the higher the psychological well-being of nursing staff.

4.2 Suggestions

Firstly, based on the results of the study it is known that stress has a negative significant effect on psychological well-being. For this reason, Dr. Moerwardi hospitalneeds to be more aware of the stressors at workwith the aim of improving the nursing staff psychological well-being as this is an important factor in their everyday lives. The hospital can also start resilience training programs where health care workers can learn to adapt to stressors more effectively as it has been linked to lower burnout in nurses who work in intensive care units. Programs that incorporate psychological resilience techniques provide nurses with coping tactics that prevent stress, anxiety and depression.

Secondly, job satisfaction has a positive significant effect on psychological well-being as well. For this reason, it is necessary for Dr. Moerwadi to build close relationships with their nursing staff as to make them feel part and parcel of the organization inorder to improve their job satifaction as this has a direct influence on their psychological well-being. Hence, the lower the job satisfaction the lower the psychological well-being of nursing staff. One of the best ways to do that is to foster better communication. Nurse Managers play an important role in burnout prevention, therefore, nurses should meet with their managers regularly to discuss the demands of the job and various methods to boost well-being.

Thirdly, emotional regulationhas a positive significant effect onpsychological well-being as well.As nursing staff are not only expected to regulate their own emotional reactions to practice but also to reduce the fear and distress of their patients. Hence Dr. Moerwardi hospital must provide ways for nursing staff to be able to deal with their emotions as to remain psychologically health as emotional regulations is an important aspect in nursing. Dr. Moewardi must promote self-awareness and emotional intelligence as coping strategies that nurses often use in stressful work

situations. According to research it shows that nurses who have a "positive emotion-focused" strategy where they reflect on problems and stressors might deal with burnout better than nurses who don't. The hospital can encourage better self-awareness and emotional intelligence through a series of training programs.

REFERENCES

Al-Kandari, F., & Thomas, D. (2009). Perceived adverse patient outcomes correlated to nurses' workload in medical and surgical wards of selected hospitals in Kuwait. *Journal of Clinical Nursing*, *18*(4), 581–590. https://doi.org/10.1111/j.1365-2702.2008.02369.x

Burke, R. J. (2010). Burnout, work satisfactions and psychological well-being among nurses in Turkish hospitals. *Europe's Journal of Psychology*.

Heijden, B. I. (2016). Toward a mediation model for nurses' well-being and psychological distress effects of quality of leadership and social support at work. *Medicine*.

Huppert, F. A. (2009). Psychological Well-being: Evidence Regarding its Causes and Consequences†. *APPLIED PSYCHOLOGY*.

Madhuchandra, M. K., Srimathi, N. L. (2016). Psychological Well-being among Doctors and Nurses : A Comparative Study. *The International Journal ofIndian Psychology*, *3*(4).

Nelson, K. (2014). Authentic leadership and psychological well-being at work of nurses: The mediating role of work climate at the individual level of analysis. *elsevier*.

PEDHAZUR, E. J. (1997). MULTIPLE REGRESSION. *VVADSVVORTH ,*.

Simona Karpaviˇciut (2016). *The Impact of Arts Activity on Nursing Staff Well-Being: An Intervention in the Workplace.* Kaunas: MDPI.

Vermaak, C., Görgens-Ekermans, G., & Nieuwenhuize, C. (2017). Shift Work, Emotional Labour and Psychological Well-Being of Nursing Staff. *Management: Journal of Contemporary Management Issues*, *22*(2), 35–48. Retrieved from http://eds.a.ebscohost.com/eds/pdfviewer/pdfviewer?vid=3&sid=ae828dad-08f3-4743-b27c-767f93923dbb%40sessionmgr4006

Yakout, F. H. (2017). Psychological Wellbeing and Communication Styles among Medical-Surgical Nursing Students. *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*.